

ክፍሊ መርመራ ራጂ

ሓበሬታ ንሕመማት ቆጶራ ናይ ላዕለዎይ ክፋል ከስዔን መጻፍጡን
(አፐር ጋስትሮ ኢንተስትናል ናይ ሻሕለላ ከስዔ ናይ ዓቢ መጻንጣን
ንእሽቶይ መጻንጣን ዝግበር መርመራ)

ናይ ቆጶራ ዕለት _____

ናይ ቆጶራ ሰዓት _____

አብ ቆጶራኽ ክትርከብ ዘይጥዕመካ እንተድኣ ኮይኑ አብዚ ዝሰዕብ ስልኪ
ቁጽሪ _____ ደዊልካ ንክፍሊ ምርመራ ራጂ ትሕብር።

እትገብር ምድላዎት የሎን ብዘይካ

- ዝኮነ ነገር አይትብላዕን አይትስተን ድሕሪ ፍርቂ ለይቲ
- አብ መዓልቲ መርመራኽ ንግሆ ሽጋራ አይተትክኽ።

ሕቶ ምስዝህልውካ አብ ስልኪ ቁጽሪ _____
ምርመራ ራጂ ትውከስ

ብምድዋል ንክፍሊ

Department of Radiology

INFORMATION FOR PATIENTS SCHEDULED FOR UPPER GASTROINTESTINAL SERIES (U.G.I.) (ESOPHOGUS, STOMACH, DUODENUM, SMALL INTESTINE)

Appointment Date: _____

Appointment Time: _____

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE
CALL _____ TO NOTIFY THE DEPARTMENT OF
RADIOLOGY.

NO PREPARATION, EXCEPT:

- ❖ Nothing to eat or drink after midnight
- ❖ No smoking the morning of the exam

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE DEPARTMENT
OF RADIOLOGY AT _____.
(Phone No.)